

NORTHERN DIVISION

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2007 APR 25 A 9:50

Jimmy Frank Cameron  
plaintiff

U.S. DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

CASE NO. 2:06-CV-1115 MHT

V

Richard ALLEN Et. AL  
Defendants

MOTION TO AMEND  
Rebuttal of Defendants Special  
Report with Proof

Come now Jimmy F Cameron with Proof That  
He has been trying to get medical Treatment for  
The last year since 11-7-05 when his Troubles  
Started. This will Show Plaintiff has been filing  
Grievances & Appeals Doing Every Thing Possible To  
get adequate medical Treatment To Stop ALL his  
Pain and Suffering, and has filed every Available  
Grievances and Appeals provided here at Bullock  
Correctional Facility

Date 4-22-07 Jimmy F Cameron  
plaintiff

Certificate of Service

Come now Jimmy F Cameron and Does Say  
That copies of the foregoing was mailed to  
Attorneys for the Defendant by placing a copy  
in the U.S mail, properly addressed this  
Day of 4-22-07 Postage paid by Bullock  
Free Legal mail

Rushton, Stakely, Johnson & Garrett P.O.

P.O Box 270

Montgomery, ALA

36101-0270

4-22-07

Jimmy F Cameron  
Plaintiff

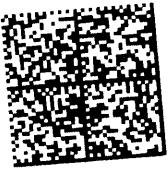
Jimmy Cameron 10554  
P.O. Box 51671-G  
Union Springs ALA  
36089

2003-3071-1

United States District Court

P.O. Box 711

Montgomery, AL  
36101-0711



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## Prison Health Services, Inc.

## Inmate Grievance

Jimmy Cameron 105591 11-5-06 8-25-06  
 NAME AIS # UNIT DATE

## PART A---Inmate Grievance

I saw DR. MOISER on are around 8-17-06 Due To Chronic BACK PAIN in my LOWER BACK. DR. MOISER Doctor Moiser informed me he was prescribing pain medication Three Times A Day for 30 Days. I received the medication up until 8-23-06 and was then informed by the 2nd shift nursing staff that the pain medication had been discontinued by DR. MARK SANIER. I need the pain medication im being denied treatment.

Jimmy Z Cameron  
 INMATE SIGNATURE

## PART B -RESPONSE

Mrs. Cameron,

DATE RECEIVED 8-28-06

This was decided by a doctor and you will have to sign up to see him if you would like to discuss the need for your pain medication.

Karenne RN  
 P.H.S. Department Head Signature

8-28-06  
 DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

## H.S.A Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>
Committee Review of Data Collection					

*COURT*

Prison Health Services, Inc.

Inmate Grievance Appeal

NAME Jimmy Cameron AIS # 105591 UNIT 11-5-B DATE 9-8-06

## PART A---INMATE Grievance Appeal for the following reason:

*This is in Response To an Inmate's Grievance filed on my behalf on 9-3-06 concerning DR. SANU Taking me out of Medical Class IT was placing me in Class one Duty Status and also discontinuing my bottom bunk Profiling as usual you totally avoided each time every issue and merely passed the buck back to the doctor in an attempt to avoid written evidence of your culpability in my civil complaint or criminal charges for violating constitutionally vested Rights under federal law. Mrs. Sizemore pursuant to the 8th Amendment as "Administrator of The Infirmary you bear Responsibility for insuring that inmates at this facility receive adequate medical care. This responsibility is a sufficient basis*

*Jimmy Cameron*  
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

## PART B -RESPONSE

DATE RECEIVED \_\_\_\_\_

X

Inmate Signature

Date

Health Services Department Head

Date

## H.S.A. Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>
Committee Review of Data Collection					

Continued

2

Prison Health Services, Inc.

Inmate Grievance AppealJimmy Cameron

NAME

105591

AIS #

11-5-B

UNIT

9-8-06

DATE

## PART A---INMATE Grievance Appeal for the following reason:

for which To infer your personal involvement in The Denial of such care at the preliminary stage of the grievance process especially where the denial is as gross as it is in my situation I am Being Denied Treatment.

Jimmy Cameron  
 INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

## PART B--RESPONSE

DATE RECEIVED

9-14-06(5)

We are following doctors orders as written and will continue to follow your care and see that you were screened for a follow up on 9-3-06 with Dr. Sonnier now you can inquire with the Doctor concerning your prescribed treatment

Inmate Signature

Date

J. S. Cameron RN  
 Health Services Department Head  
9-14-06(3)

Date

## H.S.A. Selection:

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input checked="" type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>
Committee Review of Data Collection				

Prison Health Services, Inc.

exhibit A

## Inmate Grievance

Jimmy Cameron 105591 11-5-B 9-3-06  
 NAME AIS # UNIT DATE

## PART A---Inmate Grievance

Even though I was transferred to Hamilton Ae I due to multiple chronic health problems which include severe compression fractures of lower DORSAL SPINE T 7 and T 8 as well as Chronic Hep-C and also in Class III status due to these health problems Dr. MARK SANNER discontinued my bottom bunk profile and places me in class I duty status on 8-30-06. This action was taken by Doctor SANNER without any type of examination. Due to his deliberate and callous action he has in fact endangered my health and well being. I request to see the WARDEN and the DUN. in reference to this matter

Jimmy Cameron  
INMATE SIGNATURE

## PART B -RESPONSE

DATE RECEIVED 9-6-06Mr. Cameron,

If you feel you have been misclassified (Duty Status) Please sign up for sick call.

J. Denzel BN  
P.H.S. Department Head Signature

9-6-06

DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

## H.S.A Selection:

	Y	N	Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>

Committee Review of Data Collection

M Document

## Prison Health Services, Inc.

## Inmate Grievance Appeal

JIMMY CAMMISON 105591 11-5-B 6-29-06  
NAME AIS # UNIT DATE

PART A---INMATE Grievance Appeal for the following reason:  
This is in reference to a grievance I Filed approximately two weeks ago in reference to being denied treatment for Hep C which the D.O.N has refused to acknowledge or respond to. Even though P.H.S and the A.D.O.C have a protocol for evaluation of prisoners eligibility for treatment for Hep C. It is in part inconsistent with scientific knowledge of this significant illness. Prison Health Services on behalf of the State of Alabama uses this protocol in a discriminatory and punitive manner to justify there denial of access of myself and other prisoners at A&I Treatment for Hep C! "I am being denied treatment!"

Jimmy Carrasco  
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

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**PART B -RESPONSE**

DATE RECEIVED 7-3-64

Mr. Cameron,

Your liver functions are within normal limits. You do not qualify for treatment under current guidelines. Will continue to monitor your condition. If you have problems let us know.

John S. [unclear]

Inmate Signature  
7-10-06

Date

Symone P.M.  
Health Services Department Head

## Health Services Department Head

Date \_\_\_\_\_

Date

### H.S.A. Selection:

I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>

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